



## ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

11/29/2000

This is to acknowledge that you have filed a **Notification of Regulated Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting regulated wastes; on all Annual Reports that generators of regulated waste, and owners and operators of regulated waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Regulated Waste Permit; and other regulated waste management reports and documents required under Subtitle C of RCRA.

|                      |   |                                       |
|----------------------|---|---------------------------------------|
| EPA I.D. NUMBER      | → | NJD043973122                          |
| INSTALLATION NAME    | → | POLYONE CORP                          |
| INSTALLATION ADDRESS | → | 1804 RIVER RD<br>BURLINGTON, NJ 08016 |
| MAILING ADDRESS      | → | 1804 RIVER RD<br>BURLINGTON, NJ 08016 |

EPA Form 8700-12AB (4-80)

USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22<sup>nd</sup> Floor  
New York, NY 10007-1866

ATTN: JACK HOYT  
Tel : (212) 637-4106  
Fax: (212) 637-4949

TO: POLYONE CORP  
or Current Occupant  
ATTN: RAYMOND MURPHY - HES MGR  
1804 RIVER RD  
BURLINGTON, NJ 08016

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

AM 10:36

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

NJ D 043973122

## II. Name of Installation (Include company and specific site name)

POLYONE CORPORATION

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1804 RIVER ROAD

Street (Continued)

City or Town

BURLINGTON

State

NJ

Zip Code

08016-

County Code

County Name

BURLINGTON

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

MURPHY

(First)

RAYMOND

Job Title

HES MANAGER

Phone Number (Area Code and Number)

609-499-6390

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing☒

B. Street or P.O. Box

City or Town

State

Zip Code

## VII. Ownership (See instructions)

## A. Name of Installation's Legal Owner

POLYONE CORPORATION

Street, P.O. Box, or Route Number

ONE GEON CENTER

City or Town

AVON LAKE

State

OH

Zip Code

44012-

Phone Number (Area Code and Number)

440-930-1000

B. Land Type

P

C. Owner Type

P

D. Change of Owner  
Indicator

Yes

☒

No

Date Changed

Month

Day

Year

09/01/2000

Change (Owner)



ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

## C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

| 1 | 2 | 3 | 4  | 5  | 6  |
|---|---|---|----|----|----|
|   |   |   |    |    |    |
|   |   |   |    |    |    |
|   |   |   |    |    |    |
| 7 | 8 | 9 | 10 | 11 | 12 |
|   |   |   |    |    |    |
|   |   |   |    |    |    |
|   |   |   |    |    |    |

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

| 1. Ignitable (D001)      | 2. Corrosive (D002)      | 3. Reactive (D003)       | 4. Toxicity Characteristic          | 1    | 2    | 3    | 4    |
|--------------------------|--------------------------|--------------------------|-------------------------------------|------|------|------|------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | D004 | D005 | D006 | D001 |

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)



September 21, 2000

U.S. EPA Region 2  
Division of Environmental Planning and Protection  
RCRA Programs Branch  
290 Broadway St., 22<sup>nd</sup> Floor  
New York, New York 10007-1866

U.S. EPA  
AGENCY RO II  
00 OCT -5 AM 10:36  
HAZARDOUS & SOLID WASTE  
PROGRAMS BRANCH

Re: Notification of Change in Ownership –EPA #NJD043973122

To Whom It May Concern:

The Geon Company and M.A. Hanna Company (both Delaware corporations) are consolidating into a resulting Ohio Corporation, PolyOne Corporation. By operation of Delaware and Ohio law, the consolidating entity will succeed to all the rights, duties, and obligations of the consolidated entities. The effective date of this consolidation is September 1, 2000.

The purpose of this letter is to inform you that the above referenced EPA ID number held in the name of The GEON Company has changed ownership to PolyOne Corporation. Please make the appropriate changes to our records. All future correspondence will be made to the PolyOne Corporation at the address listed below.

Attached is the completed Notification of Regulated Waste Activity as required.

If you have any questions please contact me at (609) 499-6390.

Sincerely,

Raymond T. Murphy  
Health, Environmental and Safety Manager  
PolyOne Corporation  
1804 River Road  
Burlington, NJ 08016